Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON		TELEPHONE NUMBER		
Mississippi Community College Board		Kell Smith	601-432-6518			
ADDRESS 3825 Ridgewood Road		CITY Jackson		STATE MS	ZIP 39211	
EMAIL ksmith@mscjc.edu	SUBMIT DATE 8/25/11					
Short explanation of rule/amendment College Board (MCCB) is filing rules for Administrative Procedures Act. Specific legal authority authorizing the List all rules repealed, amended, or su	ind in the agency's promulgation of ru	Policies and Procedures Manualle: Source: Miss. Code Ann. §3	al in accorda 7-4-3.	ance with the p	rovision of the	
College Board.						
ORAL PROCEEDING:						
An oral proceeding is scheduled fo	this rule on Date	::				
\underline{X} Presently, an oral proceeding is not	cheduled on this ru	ıle.				
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request s notice of proposed rule adoption and should ind agent or attorney, the name, address, email add comment period, written submissions including	hould be submitted to t lude the name, address, ress, and telephone nur	he agency contact person at the above email address, and telephone numbe nber of the party or parties you repres	e address withing of the person sent. At any tin	n twenty (20) days (s) making the requ ne within the twen	after the filing of this uest; and, if you are an ty-five (25) day public	
ECONOMIC IMPACT STATEMENT:						
X Economic impact statement not requ	ired for this rule.	Concise summary of ed	conomic imp	oact statement	attached.	
Original filing Renewal of effectiveness New To be in effect in days Effective date: Immediately upon filing Ado Other (specify): Proposed fi		sed: ule(s) dment to existing rule(s) I of existing rule(s) ion by reference al effective date:	FINAL ACTION ON RULES Date Proposed Rule Filed: 7/15/11 Action taken: x Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date:			
		(specify):	<u>x</u> 30 days a	after filing		
Printed name and Title of person a	ıthorized to file rı	ules: Kell Smith, Director of		er (specify): ations		
Signature of person authorized to f	ile rules:	mita				
OFFICIAL FILING STAMP	DO NO DEFICIAL FILING STAMP OF		0	OFFICIAL FILING STAMP		
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Accepted for filing by	Accepted fo	r filing by	Accepted for filling by B 18047 E			